SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE 3019 OF			8	89381	
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16		17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE									
Full Name of Individual (Last, First, Middle I	Date of Receipt								
Mailing Address 3919 SCHOOL STREET	failing Address 3919 SCHOOL STREET								
City	State Zip Code	Transaction ID : SA11A.107851432							
DOWNERS GROVE	IL 60515-2205	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	- 2800.00							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item CONTRIBUTION							
RETIRED	RETIRED								
Receipt For:		1							
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2020 AGGREGATE; CHARGED BACK							
Full Name of Individual (Last, First, Middle I	Date of Receipt								
Mailing Address 3919 SCHOOL STREET		01 26 2021							
City	State Zip Code	Transaction ID : SA11A.107851479							
DOWNERS GROVE	IL 60515-2205	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	- 2800.00 Memo Item CONTRIBUTION							
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED								
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	2020 AGGREGATE; CHARGED BACK							
Full Name of Individual (Last, First, Middle ICIRILLO, ROBERT, , ,									
Mailing Address 729 SE FIRST CT									
City	State Zip Code	Transaction ID : SA11A.107851551							
POMPANO BEACH	FL 33060-7394	Amount of Each Receipt this Period - 100.00 Memo Item CONTRIBUTION							
FEC ID number of contributing federal political committee.	C								
Name of Employer (for Individual) PHYSICIAN	Occupation (for Individual) PHYSICIAN								
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify)	1005.55	2020 AGGREGATE; CHARGED BACK							
SUBTOTAL of Receipts This Page (optional)	- 5700.00								
TOTAL This Period (last page this line number only)									